



TOWN OF WARRENTON

POST OFFICE DRAWER 341
WARRENTON, VIRGINIA 20188-0341
<http://ci.warrenton.va.us>
TELEPHONE (540) 347-1101
FAX (540) 349-2414
TDD 1-800-825-1120

Zoning Permit Application for Town of Warrenton, Virginia

Property Owner _____

Mailing Address _____ Phone: (daytime) _____

Applicant _____ Phone: (daytime) _____

Mailing Address (if different from above) _____

Street Address: _____

Tax Map: _____

Zoning District: _____

Existing structures (number and type): _____

Proposed Use: _____

Type of Building

☐ New Building

☐ Addition

☐ Alteration / Remodel

☐ Repair / Replacement

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Regulations and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other statement or local law

	regulating construction or the performance of construction.
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Signature _____ Date _____

Official Use Only – Zoning Administrator

Floodplain: _____

Health Department Approval: _____

Historic District: _____

Notes: _____

Zoning Administrator: _____ Fee: _____ Date: _____

Site or Plot Plan – For Applicant Use To Scale 1" = _____ must be completed

Include distance to all property lines from structure. Show streets and location of all existing structures. A copy of the recorded plat is preferred. If a plat does not exist, please use this area.

